

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA

IN THE MATTER OF THE APPLICATION FOR LICENSURE OF

WALTER H. KIM, M.D., APPLICANT

No. 02-04-182

CONSENT AGREEMENT

COMES NOW the Iowa Board of Medical Examiners (the Board), and Walter H. Kim (Applicant), on May 19, 2004, and enter into the following Consent Agreement. The Board shall grant Applicant an Iowa resident medical license subject to the following terms and conditions, which have been imposed with the Applicant's consent pursuant to Iowa Code section 147.2(2003).

1. On March 1, 2004, Applicant submitted an Application for a Resident Medical License with the Board. Information reviewed by the Board indicated that Applicant had entered into a Stipulation for a Probationary License with the Medical Board of California. Applicant reported being convicted of driving under the influence (DUI) on April 28, 2003. However, the California Board determined that Applicant had failed to report a DUI conviction that occurred on April 24, 1992. The California Board issued Applicant a Probationary License subject to certain terms and conditions after determining that Applicant knowingly made a false statement of fact required to be revealed on an application in violation of the laws and rules in California.

2. Applicant is hereby granted a restricted Iowa resident medical license. Applicant shall be subject to the following terms and conditions for the duration of his Iowa resident medical license:

- A. **CITATION AND WARNING:** Applicant is hereby **CITED** for engaging unethical or unprofessional conduct when he knowingly made a false statement of fact on a licensure application, in violation of the laws and rules in California. Applicant is hereby **WARNED** that engaging unethical or unprofessional conduct in the future may result in further disciplinary action, including suspension or revocation of your Iowa medical license.
- B. **CIVIL PENALTY:** Upon the Board's approval of this Consent Agreement, Applicant shall be assessed a civil penalty in the amount of **\$500**. The civil penalty shall be paid within 30 days of the date of this Order and shall be made payable to the Treasurer of Iowa, and mailed to the executive director of the Board. The civil penalty shall be deposited into the State General Fund.
- C. **BOARD MONITORING PROGRAM:** Applicant shall contact Deb Anglin, Coordinator, Monitoring Programs, Iowa Board of Medical Examiners, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph. #515-281-6491, to establish a monitoring program.
- D. **ALCOHOL CONSUMPTION:** Applicant shall not consume alcohol.
- E. **DRUG SCREENING PROGRAM:** Applicant shall submit to the Board's drug screening program. Applicant shall provide random blood or urine specimens when required. Applicant agrees to comply with all requirements of the drug screening program. Applicant shall also provide random blood or

urine specimens on demand by an agent of the Board. The specimens shall be used for drug and alcohol screening, all costs of which shall be paid by Applicant. Applicant is responsible to ensure that all UA collections are witnessed as required by the Board's drug screening program.

F. **QUARTERLY REPORTS:** Applicant shall file sworn quarterly reports with the Board attesting to his compliance with all the terms and conditions of this Consent Agreement. The reports shall be filed not later than 10/0, 4/10, 7/10, and 10/10 of each year of this Consent Agreement.

G. **BOARD APPEARANCES:** Applicant shall make an appearance before the Board annually or upon request. Applicant shall be given written notice of the date, time and location for the appearances. Such appearances shall be subject to the waiver provisions of 653 IAC 12.6(6)(d).

3. Applicant shall notify the Board prior to any change of address or any change in the location where he is engaged in the practice of medicine.

4. In the event Applicant violates or fails to comply with any of the terms or conditions of this Consent Agreement, the Board may initiate action to suspend or revoke Applicant's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 12.4(16).

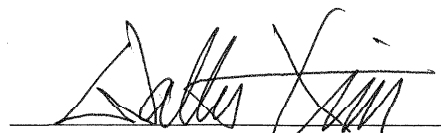
5. The Board shall review Applicant's circumstances and his compliance with the terms and conditions of this Consent Agreement in determining whether to renew Applicant's Iowa resident medical license and whether to grant Applicant a permanent Iowa medical license.

6. Applicant shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.


7. This Consent Agreement is voluntarily submitted by Applicant to the Board for consideration.

8. This Consent Agreement is subject to approval of the Board. If the Board fails to approve this Consent Agreement it shall be of no force or effect to either party.


9. The Board's approval of this Consent Agreement shall constitute a **Final Order** of the Board.



Walter H. Kim, M.D., Respondent

Subscribed and sworn to before me on April 28th, 2004. 
Notary Public, State of California, County: Santa Barbara

This Consent Agreement is approved by the Board on May 19, 2004.



Bruce L. Hughes, M.D., Chairperson
Iowa Board of Medical Examiners
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

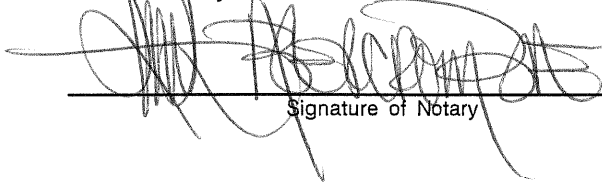
STATE OF CALIFORNIA)
) SS.
COUNTY OF SANTA BARBARA)

On 4-28-04 before me, Elaine Abercombie

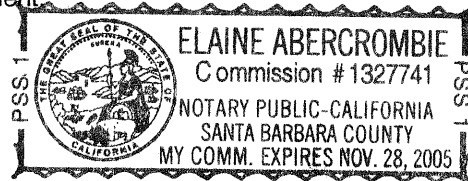
a Notary Public in and for said County and State, personally appeared Walter H. Kim

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Signature of Notary



STATE OF CALIFORNIA)
) SS.
COUNTY OF SANTA BARBARA)

On _____ before me, Elaine Abercombie

a Notary Public in and for said County and State, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary